Consequences of international migration: A qualitative study on stress among Polish migrant workers in Scotland

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Abstract

Objectives: To gain a greater understanding of the personal experiences of Polish migrant workers who work in manual and low-skill jobs in Scotland and to explore the experiences of stress and its impact on physical and psychological health and well-being.

Study design: Qualitative in-depth interviews and subsequent focus groups

Methods: Eight in-depth interviews and two focus groups were conducted in Spring 2007. Data were analysed thematically using the computer software Nvivo.

Results: The following stress factors were identified: difficulties with communication, unfamiliarity with the new environment and culture, work-related stress, practical stress and social stress. Several respondents gave accounts of decreased health, particularly psychological and psychosomatic distress, and attributed this to the variety of stressors and demands on their physical, socio-cultural and psychological adaptation abilities.

Conclusions: Cross-border migration is a time of transition and demands adjustment on part of the individual migrant as well as on part of the country of settlement. Due to high acculturative demands and increased vulnerability, migrant workers need to be recognised as a specific target group for health promotion and health services.

Keywords: Polish migrants, stress, adaptation, health needs, Scotland

Introduction

As a consequence of globalisation, work-induced mobility and economic migration have increased throughout the last decades and become common phenomena. When ten countries from Central and Eastern Europe, Cyprus and Malta joined the EU on May 1, 2004, the 15 "old EU Member States", i.e. those which had been EU members before May 1, 2004, had the right to regulate access for Central and Eastern Europeans to their labour markets. The reasoning behind the UK government's decision not to restrict access was to manage migration with the hope of filling vacancies in skilled and low-wage occupations (1). Since then, migration from A8 countries (Poland, Estonia, Latvia, Lithuania, the Czech Republic, Hungary, Slovakia and Slovenia) to the UK has been rising rapidly with a total of 630,000 A8 applicants having registered with the Workers Registration Scheme (WRS) by March 2007 (2). It is estimated that 60,000 A8 migrants live in Scotland alone (2). According to WRS data, 82% of migrants are between 18 and 34 years of age. The male to female ratio is 57:43. 65% of all A8 migrants are Poles and, although many are highly qualified, most work as manual or as what are termed "low-skilled" workers in hospitality, catering or a sector labelled "administration, business and management services" which includes temporary employment agencies (2).

This study on migration can be embedded in the following three areas of research: (i) the theory on stress, coping and adjustment by Lazarus (3), (ii) Berry et al.'s theory on acculturative stress and adaptation (4) and (iii) the theory on life events and illness by Holmes and Rahe (5). According to these theories, international migration can be classified as a life event and a source of stress requiring adjustment (5-7). Berry et al. (4, p. 369) use the term "adaptation" to describe the level to which a migrant manages to cope with the foreign culture. Hull (8, p. 28) points out that the various demands which are placed on migrants can result in an over-burdening of the "psychosomatic adjustment capacity". This can bring about emotional distress, diminished well-being and illness. Several studies support this theory by showing that people in a state of physical and cultural transition are at higher risk of illness (8-10). So far, there is limited evidence about the adjustment difficulties and consequences of migration among Central and Eastern European migrant workers in the UK. Previous findings on stress among A8 migrants in the UK have been rare, have been limited to certain regions or derive from practical experiences rather than from scientific research.

The present study contributes to the knowledge and understanding of the health impact of international economic migration by conducting

interviews and focus groups on acculturative stress, coping and health. It to other research on A8 migrants in the UK (11, 12), but is unique as it systematically focuses on Polish migrants in Edinburgh, a subpopulation which has not yet been studied. Systematic research on the situation of this group of immigrants in one of Scotland's biggest cities is needed in order to identify relevant issues to improve research, policy and service provision.

Methods

In spring 2007, the author of this paper conducted eight qualitative interviews and two focus groups with Polish migrants working in manual and low-skilled jobs in Edinburgh. Interviews and discussion groups focused on the acculturation process with an emphasis on stress, difficulties, coping and the health impact of migration. Interviews lasted between 50 and 90 minutes, focus groups 90 and 105 minutes. All interviews and focus groups were digitally recorded and transcribed verbatim. The data was then coded, analysed thematically and categorised using the computer software Nvivo. Categorisation helped to identify core issues and to capture and classify the variety of topics mentioned.

A convenience sample was recruited through gate keepers, advertisements, flyers and snowball sampling among the Polish community in Edinburgh. Supplementary sources of information were interviews with professionals involved with Polish migrants and fieldwork observations of "Polish places". Because migrants have been identified as a vulnerable research target (13), particular attention was paid to careful recruitment and close monitoring of the research process. Ethical guidelines of the University of Edinburgh Public Health Sciences were followed. By translating the information sheet and the consent form into Polish it was ensured that all

research participants understood the objectives of the research, gave voluntary informed consent and were aware that they could withdraw from the study at any point in time. From the 17-year-old focus group participant own as well as parental consent was obtained. Participants were encouraged to ask questions and offered a summary of the research results. All names were changed before analysis and are thus fictitious only reflecting the gender of the participant. In order to distinguish between focus group participants and interviewees, FG or I respectively are attached to the name.

Participants who spoke very little or no English were offered an interview conducted in Polish. A Polish student of the University of Edinburgh served as the interpreter. Three interviewees accepted full interpretation and during one interview the interpreter was present when the need for interpretation arose. Throughout the interviews, only the general content of the answers was interpreted. Later, the recordings of the interviews were translated word for word to allow an accurate analysis of the data. Focus groups were conducted after a first analysis of the interviews in order to clarify discrepancies and increase the researcher's understanding of migrants' statements. Topics, which had been identified as ambiguous, had remained unclear and needed further elaboration were revisited. During the

focus groups, inconsistent statements were used to stimulate discussion and charts served as visual prompts. For practical reasons, both focus groups were conducted in English. Table 1 shows the main interview and focus group elements.

Insert Table 1 here

While the use of qualitative methodology allowed interaction and clarifying questions, the use of interpretation possibly increased the risk of misunderstandings. Church (14) further assumes that participants' emotional experience and expression is less aroused in a non-native tongue.

The following result section covers stressors and individual experiences of the health impact of acculturative stress. Results on coping strategies will be covered in a separate article.

Results

Six men and nine women participated in the research. Out of 15 participants in total, two took part in an interview as well as in a focus group. Therefore, there were 17 participants in the interview and focus groups combined. Participants were on average 29 years old, ranging from 17 to 51 years of age. The fact that most participants were between 24 and 31 years might be due to snowball sampling, but this was not seen as a problem as the majority of A8 migrants lie within this age range. Two thirds were not married and almost half had no dependants living with them in the UK. Of the married respondents, one had her family in Poland and three had their families in Scotland. Respondents had migrated on average 19 months ago, with a range from 1 to 47 months. Men had on average been in the UK for longer (31 months) than women (10 months). Further demographical data of the sample is presented in Table 2.

Insert Table 2 here

Nearly all study participants had no immediate plans to return to Poland. The majority reported being better off economically compared to their previous situation in Poland. Two thirds said that they had adapted well, were integrated into society or described themselves as content. When

asked about stress and difficulties related to the move, all respondents were nevertheless able to specify more than one aspect which they perceived as stressful or problematic.

Difficulties with communication

Since nearly all participants arrived with very little knowledge of English, communication problems were mentioned by everyone. Language problems were identified as barriers for accessing information and were a particular challenge in the workplace and in relation to official services such as job centres. Participants stated that they were only able to make themselves understood when others listened patiently. Due to language barriers, several interviewees said that they struggled to make friends. Socialising was thus often limited to other Poles. One interviewee pointed out that not understanding what people said restricted her from being herself and from being a helping and interested person:

> "Sometimes I sit at a bus stop and some elderly lady wants to talk to me and I can't understand her, sadly, because I would like to talk to her as it's an interesting way to get know the culture and place. Also, I can't help when, for example, I am asked for directions. I have always liked helping people and I hate being passive." (Aniela, I)

Respondents reported that their inability to communicate further made them feel bad about themselves, “dumb and stupid” (Patryk, I) and caused frustration.

Unfamiliarity with culture and society

Several respondents pointed out that the adjustment to a foreign culture and society was stressful. One interviewee expressed this by saying that she did not feel “in the right place” (Franciszka, I) but was continuously reminded of being different from everyone else. Insufficient knowledge about the country of settlement and about issues related to daily life were depicted as further problems. Migrants highlighted a lack of information regarding registration, work- and accommodation-related rights, taxes and benefits and identified difficulties with finding the relevant contacts and offices, obtaining adequate paperwork or writing official letters.

Work-related stress

Work-related stress was identified as a major difficulty by all migrants. Initial uncertainty about whether they would find employment emerged as a stress factor which was exacerbated by financial difficulties, unfamiliarity with the labour system and language difficulties. Respondents often said that they earned very low wages and were not paid for the overtime they

worked. Employment conditions which did not meet minimum standards were identified as sources of stress. Several complained about extremely high workloads including working extremely long hours. All respondents said that they had worked excessive hours at the beginning of their stay and some of them continued to do so. Working six or even seven days per week and a weekly amount of seventy to eighty hours was not uncommon. Working unsociable hours, split or night shifts were further identified as complicating their daily life.

Many respondents held post-school qualifications and therefore felt over-qualified for the jobs they were doing including, cleaning, baby-sitting and catering. Cognitive under-stimulation, not being able to work in the job that they had spent many years studying towards and monotonous work emerged as crucial sources of frustration and boredom. Some interviewees mentioned other migrants who had returned to Poland for these reasons. Another interviewee referred to his educated friends who worked in low-skilled jobs:

> "But then they kind of, burnt out or something. They were doing jobs in printing factory […] or housekeeping. Most of them were at least partly educated people. They had some ideas, they wanted something from life […] It is deprivation. It is like…becoming a machine." (Patryk, I)

Respondents mentioned that some employers did not treat migrants and nationals equally, avoided giving them contracts, paid less than the minimum wage or simply ignored employment legislation. When migrants were better-educated than supervisors and employers, this was seen as a source of tension. Some employers were reported to be unwilling to settle arguments about minor mistakes or misunderstandings which therefore resulted in disciplinary action or instant dismissal. A few participants said that they could expect informal discussions, attendance investigations and verbal warnings after being off sick. They also gave account of some employers asking not only for medical certificates but also for further information about medical conditions and treatment. This was perceived as an intrusion into the migrant worker's privacy:

> "It's so private. I don't have to tell why I am ill and what kind of pills I take." (Maria, FG)

Practical stress

Financial hardship was reported to be the main reason to emigrate from Poland and seemed to continue to be a source of stress after migration: Respondents complained about high living expenses, initial difficulties to find jobs, expensive hostel accommodation, the payment of deposits and the first month's rent and the need to buy basic household appliances. The

restricted entitlement to benefits during the first 12 months of their stay was seen as further exacerbating financial problems. Issues surrounding accommodation included the difficulties of house-hunting and the high cost of flats even when these were in deprived and dangerous areas or did not have the basic facilities needed.

Social stress

The loss of social contact emerged as another issue for concern. Many interviewees missed their familiar surroundings, family and friends and lacked social support. Some found it hard to maintain close social ties with their families and friends in Poland or struggled to live up to their responsibilities as a parent or family member.

Several migrant workers gave accounts of a general expectation to support fellow nationals upon arrival. Those who had been in Scotland for a while perceived this as onerous and highlighted that new migrants often came with very high expectations, were demanding and took advantage of those who had been in Scotland for longer. Several respondents mentioned difficulties when making friends with other Poles who were reported not to be interested in genuine friendships but mainly focused on money and

work. Competition, envy and a lack of cooperation and loyalty were seen as common features of the Polish migrant community:

> "The cooperation between the Polish people themselves is not that good. […] We like to use and abuse each other. If someone has an opportunity to do that, he does." (Sebastian, I)

This situation was exacerbated by difficulties in establishing social ties with non-Polish people because of language problems.

Health

In order to explore the relationship between acculturative difficulties and health participants were asked about their health status and their subjective perceptions of the health impact of acculturative stress. This generated a variety of responses: While four interviewees said that their physical health and two that their psychological health had improved overall, two reported that it had deteriorated and two identified no changes. When physical and psychological health problems were mentioned they were mainly attributed to poor working conditions. Working night shifts emerged as a particular threat to health as it seemed to change the worker's bio-rhythm. Females especially perceived working nights as very stressful and said that they were exhausted and had no energy when coming home.

> "…you need to know that you are more tired working during the night. Eight hours during the day and eight hours during the

> night, it's completely different. You are really knackered." (Maria, FG)

One interviewee said that during her previous stay in Edinburgh, work-related debility had caused her to change plans and return to Poland. Work-related stress but also social stress and daily hassles were identified as a cause of psychosomatic distress. Respondents gave account of fever, headaches, sleep problems, increased heart-beat and anxiety states. One respondent said that she did not care about her appearance and became indifferent to her surroundings. Exhaustion, energy loss and burn-out were identified as further problems. Several respondents interpreted such health changes as the result of work-life imbalance:

> "And human is not a machine for make money. Maybe a machine can work for 50 years without fixing, but human – no. […] I remember one girl […] I did not see this girl for eight months. […Now] she looks older for five years. That is true. […] Because she doesn't have a private life." (Roman, I)

One female gave account of nervousness, low mood and the development of a tunnel vision as a result of an inability to handle day-to-day problems in a constructive manner. Several migrants had gained weight since coming to Scotland. While the majority attributed this to eating more fatty and unhealthy food, for some it also seemed to be an expression of psychological distress:

> "Dana, I: I'm fatter. Really. I am. In Poland, we have organic food and…

Tadeusz, I: And another reason: Because when she has a problem, she go to the fridge and: “What can I eat?” Because to forget about the problem.”

Discussion

This study makes a contribution to research on migrants supporting Holmes and Rahe's (5) theory on life events and Lazarus' (15) and Berry et al's (4) theories of stress, adjustment and adaptation. Several respondents report that international migration leads to stress, difficulties and a change in psychological, social and physical well-being. Depending on the particular situation, the vulnerability of the migrant and his or her ability to cope, migrants associate their move with improved or diminished health. Respondents highlight that stress derives from a variety of sources including language and culture, other people, work and practical issues. Migrants seem to be confronted with the double burden of the actual acculturation process and difficulties of daily life.

Negative effects on health and psychosomatic problems including fatigue, burn-out, depressive symptoms, blunted affect, arrhythmia and anxiety are mentioned frequently. Depression, anxiety and poor physical health have been identified as outcomes of insufficient adjustment in earlier research (see for example 9, 16-18). One explanation for this is that migrants are confronted with high adaptational demands and on the other hand lack the resources which would be needed to cope with such demands successfully. This study further shows that due to unfamiliarity and language difficulties,

migrants are exceptionally vulnerable. This is in agreement with a review funded by the Joseph Rowntree Foundation and conducted by Robinson and Reeve on new migrants to the UK (19). Disadvantages in a wide range of areas including primarily lack of money, but also work, language, lack of integration into social networks or unfamiliarity with the foreign culture and society make migrant workers more dependent on other people's friendliness and make them prone to exploitation. Vulnerability becomes particularly apparent with regard to employment: Poor language skills, non-recognition of qualifications and financial difficulties force many migrants to work under poor conditions and in low-rated jobs which involve long and anti-social hours, high physical demands and low pay. Although employers seem to benefit from migrants' perceived willingness to work hard, several employers are reported to "cut corners" and some are perceived as plainly exploiting the migrant workers' vulnerability. This situation might add to increased health risks and diminished health among the migrant community. Negative health outcomes align with research on previous findings regarding the health consequences of stress in the workplace or difficult working conditions (20) including night shifts (21, 22).

While negative health outcomes have been reported in previous studies, findings on improved health and well-being after the move are unique to this study. One explanation for these exceptional results might be the limitations of the study including convenience sampling and selection bias. Due to the recruitment process, the participants of this study might represent a group of migrants who are less stressed or have adjusted reasonably well. Research on a random sample of economic A8 migrants could help to give a more precise picture of the health impact of successful and unsuccessful adaptation after migration. However, the positive findings of this study could also be explained by "healthy migrant" (23, p. 875) and "healthy worker" effects (24, p. 70) leading to the assumption that migrant workers are likely to be particularly healthy, resilient and resourceful. People who are physically and psychologically less robust might be less likely to take on the challenge of migration.

The present study illustrates the mutual dependence of stress-evoking factors and health and thus supports Hull's (8) argument that physiological, psychological and social factors in migration are closely interconnected and cannot be separated. It also emphasise the complexity of international migration and the subsequent adjustment process. Due to limitations of the research design, no definite conclusions can be drawn about the causal

relationship between international migration, stress and illness. It is nevertheless striking that all respondents acknowledge migration as a stress-inducing life event which challenges conventional structures and adaptational abilities and potentially impacts on health. To investigate the causal relationship and the health impact of migration in more detail, longitudinal studies are needed.

Health problems resulting from unsuccessful adaptation and vulnerability impact negatively on the individual migrant, but also place demands, burdens and costs on the health systems of the country of settlement and of the country of origin. Migrants need to be recognised as a specific target group for health promotion, prevention and health care. A holistic response has to account not only for physical, but particularly for psychological and social factors of health. Cultural sensitivity and awareness of the health problems deriving from migration is needed among health system representatives and health service providers. Training sessions for health personnel working in areas where the influx of migrants is high and for those responsible for workplace health might provide support and backup for professionals who interact with this particular target group.

As the workplace plays an important role in the adjustment process, employers need to become aware of the stressors induced by migration and understand that staffing policy and workplace health promotion tailored to the migrant workforce do not only benefit the individual employee but represent a long-term investment into the company's prosperity. Workplace health promotion could comprise regular risk and health assessment among the migrant workforce and further implement systematic and comprehensive strategies tailored to this particular group. Trade Unions should be recognised as important partners supporting migrant workers and assisting employers in this process. Local government also has a central role in integration and should be enabled and encouraged to cooperate with employers, the health sector and other service providers in order to make actions effective and change likely to happen.

Cross-border migration is a time of transition and demands adjustment on part of the individual migrant as well as on part of the country of settlement. Specific features of the UK's labour market, push- and pull-factors of migration and a range of national and international policies have an impact on the situation of Polish migrant workers in Scotland. It can nevertheless be assumed that the stress factors mentioned, an exceptional

vulnerability and an increased health risk are not specific to Poles in Edinburgh but apply to economic migrants in general.

As the EU currently faces another enlargement and the prospect of free and unlimited labour movement by 2011 (25), economic migration will remain an important challenge for modern societies. Migrant workers are a crucial part of local, national and global economies. Therefore, the provision of tailored support, the maintenance of migrants' health and well-being, the implementation of progressive strategies targeting cultural diversity as well as a comprehensive approach spanning across sectors are not only an ethical obligation but an economic necessity.

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